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✓ RCE #  
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\*Admitted only in Maryland  
\*Admitted only in Virginia  
\*Practice Limited to  
Federal Agencies

December 5, 2003

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**TC 1700**

**Mail Stop RCE**

Commissioner for Patents  
PO Box 1450  
Alexandria, VA 22313-1450

Examiner T. Heitbrink  
Art Unit 1722 ✓

Re: U.S. Utility Patent Application  
Appl. No. 10/022,282; Filed: December 20, 2001  
For: **Injection Manifold Having A Valve Pin Guiding Device**  
Inventors: Dewar *et al.*  
Our Ref: 2107.0500000/TUM

Sir:

Transmitted herewith for appropriate action are the following documents:

1. Fee Transmittal Form (PTO/SB/17);
2. Request For Continued Examination (RCE) Transmittal (PTO/SB/30);
3. Amendment and Reply Under 37 C.F.R. § 1.111 Filed With a Request for Continued Examination Under 37 C.F.R. § 1.114;
4. Supplemental Information Disclosure Statement;
5. PTO/SB/08A;
6. Copies of cited documents: AO1-AW1;
7. Return postcard; and

Commissioner for Patents  
December 5, 2003  
Page 2

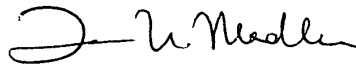
8. PTO-2038 Credit Card Payment Form for \$770.00 fee for Request for Continued Examination (RCE).

It is respectfully requested that the attached postcard be stamped with the date of filing of these documents, and that it be returned to our courier. In the event that extensions of time are necessary to prevent abandonment of this patent application, then such extensions of time are hereby petitioned.

The U.S. Patent and Trademark Office is hereby authorized to charge any fee deficiency, or credit any overpayment, to our Deposit Account No. 19-0036.

Respectfully submitted,

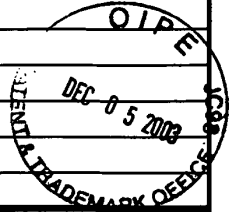
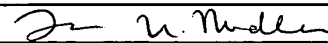
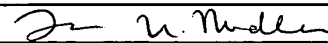
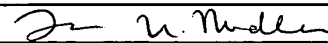
STERNE, KESSLER, GOLDSTEIN & FOX P.L.L.C.



Teresa U. Medler  
Attorney for Applicants  
Registration No. 44,933

TUM:hmb  
Enclosures

SKGF\_DC1:109075.1

| <b>FEE TRANSMITTAL</b><br><b>for FY 2004</b><br><i>Effective 10/01/2003. Patent fees are subject to annual revision.</i>  |   | <b>Complete if Known</b>  |   |  |   |                 |              |   |   |          |                                  |          |          |   |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |   |      |       |  |      |      |   |      |                                  |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |        |      |     |      |     |   |  |
|---|---|---|---|--|---|-----------------|--------------|---|---|----------|----------------------------------|----------|----------|---|------|------------------------|------|------|-------------------------------------|------|------|-----------------------------------|------|------|--|------|------|---------------------------------------|------|------|---------------------------|------|------|---|------|-------|--|------|------|---|------|----------------------------------|--|--|------|--------|------|--------|---|--|------|-----|------|----|--|--|------|-----|------|-----|---|--|------|-----|------|-----|--|--|------|-------|------|-----|---|--|------|-------|------|-------|--|--|------|-----|------|-----|------------------|--|------|-----|------|-----|--|--|------|-----|------|-----|--------------------------|--|------|-------|------|-------|---|--|------|-----|------|----|----------------------------------|--|------|-------|------|-----|------------------------------------|--|------|-------|------|-----|--------------------------------|--|------|-----|------|-----|------------------|--|------|-----|------|-----|-----------------|--|------|-----|------|-----|-------------------------------|--|------|----|------|----|-------------------------------------|--|------|-----|------|-----|---|--|------|----|------|----|--|--|------|-----|------|-----|---|--|------|-----|------|-----|--|--|------|-----|------|-----|---|--------|------|-----|------|-----|---|--|
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27  |   | <b>Application Number</b><br>10/022,282   |  |  |   |                 |              |   |   |          |                                  |          |          |   |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |   |      |       |  |      |      |   |      |                                  |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |        |      |     |      |     |   |  |
| <b>TOTAL AMOUNT OF PAYMENT (\$)</b> 770.00  |   | <b>Filing Date</b><br>Dec mb r 20, 2001   |   |  |   |                 |              |   |   |          |                                  |          |          |   |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |   |      |       |  |      |      |   |      |                                  |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |        |      |     |      |     |   |  |
|   |   | <b>First Named Inventor</b><br>Dewar et al.   |   |  |   |                 |              |   |   |          |                                  |          |          |   |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |   |      |       |  |      |      |   |      |                                  |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |        |      |     |      |     |   |  |
|   |   | <b>Examiner Name</b><br>T. H itbrink  |   |  |   |                 |              |   |   |          |                                  |          |          |   |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |   |      |       |  |      |      |   |      |                                  |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |        |      |     |      |     |   |  |
|   |   | <b>Art Unit</b><br>1722   |   |  |   |                 |              |   |   |          |                                  |          |          |   |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |   |      |       |  |      |      |   |      |                                  |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |        |      |     |      |     |   |  |
|   |   | <b>Attorney Docket No.</b><br>2107.0500000/TUM  |   |  |   |                 |              |   |   |          |                                  |          |          |   |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |   |      |       |  |      |      |   |      |                                  |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |        |      |     |      |     |   |  |
| <b>METHOD OF PAYMENT (check all that apply)</b><br><input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Other** <input type="checkbox"/> None<br><small>** Charge any deficiencies or credit any overpayments in the fees or fee calculations of Parts 1, 2 and 3 below to Deposit Account No. 19-0036.</small><br><input type="checkbox"/> Deposit Account<br>Deposit Account Number 19-0036<br>Deposit Account Name: Sterne, Kessler, Goldstein & Fox P.L.L.C.   |   | <b>FEE CALCULATION (continued)</b>  |   |  |   |                 |              |   |   |          |                                  |          |          |   |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |   |      |       |  |      |      |   |      |                                  |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |        |      |     |      |     |   |  |
| <b>The Commissioner is authorized to: (check all that apply)</b><br><input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Credit any over payments<br><input type="checkbox"/> Charge any additional fee(s) during the pendency of this application<br><input type="checkbox"/> Charge fee(s) indicated below, <b>except for the filing fee</b> to the above-identified deposit account.  |   | <b>3. ADDITIONAL FEES</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1051</td><td>130</td><td>2051</td><td>65</td><td>Surcharge - late filing fee or oath</td><td></td></tr> <tr><td>1502</td><td>50</td><td>2052</td><td>25</td><td>Surcharge-late provisional filing fee or cover sheet</td><td></td></tr> <tr><td>1053</td><td>130</td><td>1053</td><td>130</td><td>Non-English specification</td><td></td></tr> <tr><td>1812</td><td>2,520</td><td>1812</td><td>2,520</td><td>For filing a request for <i>ex parte</i> reexamination</td><td></td></tr> <tr><td>1804</td><td>920*</td><td>1804</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr> <tr><td>1805</td><td>1,840*</td><td>1805</td><td>1,840*</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr> <tr><td>1251</td><td>110</td><td>2251</td><td>55</td><td>Extension for reply within first month</td><td></td></tr> <tr><td>1252</td><td>420</td><td>2252</td><td>210</td><td>Extension for reply within second month</td><td></td></tr> <tr><td>1253</td><td>950</td><td>2253</td><td>475</td><td>Extension for reply within third month</td><td></td></tr> <tr><td>1254</td><td>1,480</td><td>2254</td><td>740</td><td>Extension for reply within fourth month</td><td></td></tr> <tr><td>1255</td><td>2,010</td><td>2255</td><td>1,005</td><td>Extension for reply within fifth month</td><td></td></tr> <tr><td>1401</td><td>330</td><td>2401</td><td>165</td><td>Notice of Appeal</td><td></td></tr> <tr><td>1402</td><td>330</td><td>2402</td><td>165</td><td>Filing a brief in support of an appeal</td><td></td></tr> <tr><td>1403</td><td>290</td><td>2403</td><td>145</td><td>Request for oral hearing</td><td></td></tr> <tr><td>1451</td><td>1,510</td><td>1451</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td></td></tr> <tr><td>1452</td><td>110</td><td>2452</td><td>55</td><td>Petition to revive - unavoidable</td><td></td></tr> <tr><td>1453</td><td>1,330</td><td>2453</td><td>665</td><td>Petition to revive - unintentional</td><td></td></tr> <tr><td>1501</td><td>1,330</td><td>2501</td><td>665</td><td>Utility issue fee (or reissue)</td><td></td></tr> <tr><td>1502</td><td>480</td><td>2502</td><td>240</td><td>Design issue fee</td><td></td></tr> <tr><td>1503</td><td>640</td><td>2503</td><td>320</td><td>Plant issue fee</td><td></td></tr> <tr><td>1460</td><td>130</td><td>1460</td><td>130</td><td>Petitions to the Commissioner</td><td></td></tr> <tr><td>1807</td><td>50</td><td>1807</td><td>50</td><td>Processing fee under 37 CFR 1.17(q)</td><td></td></tr> <tr><td>1806</td><td>180</td><td>1806</td><td>180</td><td>Submission of Information Disclosure Stmt</td><td></td></tr> <tr><td>8021</td><td>40</td><td>8021</td><td>40</td><td>Recording each patent assignment per property (times number of properties)</td><td></td></tr> <tr><td>1809</td><td>770</td><td>2809</td><td>385</td><td>Filing a submission after final rejection (37 CFR 1.129(a))</td><td></td></tr> <tr><td>1810</td><td>770</td><td>2810</td><td>385</td><td>For each additional invention to be examined (37 CFR 1.129(b))</td><td></td></tr> <tr><td>1801</td><td>770</td><td>2801</td><td>385</td><td>Request for Continued Examination (RCE)</td><td>770.00</td></tr> <tr><td>1802</td><td>900</td><td>1802</td><td>900</td><td>Request for expedited examination of a design application</td><td></td></tr> </tbody> </table> |   |  | Large Entity                                      |                 | Small Entity |   | Fee Description   | Fee Paid | Fee Code                         | Fee (\$) | Fee Code | Fee (\$)                                  | 1051 | 130                    | 2051 | 65   | Surcharge - late filing fee or oath |      | 1502 | 50                                | 2052 | 25   | Surcharge-late provisional filing fee or cover sheet |      | 1053 | 130                                   | 1053 | 130  | Non-English specification |      | 1812 | 2,520   | 1812 | 2,520 | For filing a request for <i>ex parte</i> reexamination |      | 1804 | 920*  | 1804 | 920*                             | Requesting publication of SIR prior to Examiner action |  | 1805 | 1,840* | 1805 | 1,840* | Requesting publication of SIR after Examiner action |  | 1251 | 110 | 2251 | 55 | Extension for reply within first month |  | 1252 | 420 | 2252 | 210 | Extension for reply within second month |  | 1253 | 950 | 2253 | 475 | Extension for reply within third month |  | 1254 | 1,480 | 2254 | 740 | Extension for reply within fourth month |  | 1255 | 2,010 | 2255 | 1,005 | Extension for reply within fifth month |  | 1401 | 330 | 2401 | 165 | Notice of Appeal |  | 1402 | 330 | 2402 | 165 | Filing a brief in support of an appeal |  | 1403 | 290 | 2403 | 145 | Request for oral hearing |  | 1451 | 1,510 | 1451 | 1,510 | Petition to institute a public use proceeding |  | 1452 | 110 | 2452 | 55 | Petition to revive - unavoidable |  | 1453 | 1,330 | 2453 | 665 | Petition to revive - unintentional |  | 1501 | 1,330 | 2501 | 665 | Utility issue fee (or reissue) |  | 1502 | 480 | 2502 | 240 | Design issue fee |  | 1503 | 640 | 2503 | 320 | Plant issue fee |  | 1460 | 130 | 1460 | 130 | Petitions to the Commissioner |  | 1807 | 50 | 1807 | 50 | Processing fee under 37 CFR 1.17(q) |  | 1806 | 180 | 1806 | 180 | Submission of Information Disclosure Stmt |  | 8021 | 40 | 8021 | 40 | Recording each patent assignment per property (times number of properties) |  | 1809 | 770 | 2809 | 385 | Filing a submission after final rejection (37 CFR 1.129(a)) |  | 1810 | 770 | 2810 | 385 | For each additional invention to be examined (37 CFR 1.129(b)) |  | 1801 | 770 | 2801 | 385 | Request for Continued Examination (RCE) | 770.00 | 1802 | 900 | 1802 | 900 | Request for expedited examination of a design application |  |
| Large Entity  |   | Small Entity  |   | Fee Description  | Fee Paid  |                 |              |   |   |          |                                  |          |          |   |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |   |      |       |  |      |      |   |      |                                  |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |        |      |     |      |     |   |  |
| Fee Code  | Fee (\$)  | Fee Code  | Fee (\$)  |  |   |                 |              |   |   |          |                                  |          |          |   |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |   |      |       |  |      |      |   |      |                                  |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |        |      |     |      |     |   |  |
| 1051  | 130   | 2051  | 65  | Surcharge - late filing fee or oath  |   |                 |              |   |   |          |                                  |          |          |   |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |   |      |       |  |      |      |   |      |                                  |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |        |      |     |      |     |   |  |
| 1502  | 50  | 2052  | 25  | Surcharge-late provisional filing fee or cover sheet                       |   |                 |              |   |   |          |                                  |          |          |   |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |   |      |       |  |      |      |   |      |                                  |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |        |      |     |      |     |   |  |
| 1053  | 130   | 1053  | 130   | Non-English specification  |   |                 |              |   |   |          |                                  |          |          |   |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |   |      |       |  |      |      |   |      |                                  |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |        |      |     |      |     |   |  |
| 1812  | 2,520   | 1812  | 2,520   | For filing a request for <i>ex parte</i> reexamination                     |   |                 |              |   |   |          |                                  |          |          |   |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |   |      |       |  |      |      |   |      |                                  |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |        |      |     |      |     |   |  |
| 1804  | 920*  | 1804  | 920*  | Requesting publication of SIR prior to Examiner action                     |   |                 |              |   |   |          |                                  |          |          |   |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |   |      |       |  |      |      |   |      |                                  |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |        |      |     |      |     |   |  |
| 1805  | 1,840*  | 1805  | 1,840*  | Requesting publication of SIR after Examiner action                        |   |                 |              |   |   |          |                                  |          |          |   |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |   |      |       |  |      |      |   |      |                                  |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |        |      |     |      |     |   |  |
| 1251  | 110   | 2251  | 55  | Extension for reply within first month                                     |   |                 |              |   |   |          |                                  |          |          |   |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |   |      |       |  |      |      |   |      |                                  |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |        |      |     |      |     |   |  |
| 1252  | 420   | 2252  | 210   | Extension for reply within second month                                    |   |                 |              |   |   |          |                                  |          |          |   |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |   |      |       |  |      |      |   |      |                                  |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |        |      |     |      |     |   |  |
| 1253  | 950   | 2253  | 475   | Extension for reply within third month                                     |   |                 |              |   |   |          |                                  |          |          |   |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |   |      |       |  |      |      |   |      |                                  |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |        |      |     |      |     |   |  |
| 1254  | 1,480   | 2254  | 740   | Extension for reply within fourth month                                    |   |                 |              |   |   |          |                                  |          |          |   |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |   |      |       |  |      |      |   |      |                                  |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |        |      |     |      |     |   |  |
| 1255  | 2,010   | 2255  | 1,005   | Extension for reply within fifth month                                     |   |                 |              |   |   |          |                                  |          |          |   |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |   |      |       |  |      |      |   |      |                                  |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |        |      |     |      |     |   |  |
| 1401  | 330   | 2401  | 165   | Notice of Appeal   |   |                 |              |   |   |          |                                  |          |          |   |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |   |      |       |  |      |      |   |      |                                  |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |        |      |     |      |     |   |  |
| 1402  | 330   | 2402  | 165   | Filing a brief in support of an appeal                                     |   |                 |              |   |   |          |                                  |          |          |   |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |   |      |       |  |      |      |   |      |                                  |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |        |      |     |      |     |   |  |
| 1403  | 290   | 2403  | 145   | Request for oral hearing   |   |                 |              |   |   |          |                                  |          |          |   |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |   |      |       |  |      |      |   |      |                                  |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |        |      |     |      |     |   |  |
| 1451  | 1,510   | 1451  | 1,510   | Petition to institute a public use proceeding                              |   |                 |              |   |   |          |                                  |          |          |   |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |   |      |       |  |      |      |   |      |                                  |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |        |      |     |      |     |   |  |
| 1452  | 110   | 2452  | 55  | Petition to revive - unavoidable   |   |                 |              |   |   |          |                                  |          |          |   |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |   |      |       |  |      |      |   |      |                                  |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |        |      |     |      |     |   |  |
| 1453  | 1,330   | 2453  | 665   | Petition to revive - unintentional   |   |                 |              |   |   |          |                                  |          |          |   |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |   |      |       |  |      |      |   |      |                                  |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |        |      |     |      |     |   |  |
| 1501  | 1,330   | 2501  | 665   | Utility issue fee (or reissue)   |   |                 |              |   |   |          |                                  |          |          |   |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |   |      |       |  |      |      |   |      |                                  |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |        |      |     |      |     |   |  |
| 1502  | 480   | 2502  | 240   | Design issue fee   |   |                 |              |   |   |          |                                  |          |          |   |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |   |      |       |  |      |      |   |      |                                  |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |        |      |     |      |     |   |  |
| 1503  | 640   | 2503  | 320   | Plant issue fee  |   |                 |              |   |   |          |                                  |          |          |   |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |   |      |       |  |      |      |   |      |                                  |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |        |      |     |      |     |   |  |
| 1460  | 130   | 1460  | 130   | Petitions to the Commissioner  |   |                 |              |   |   |          |                                  |          |          |   |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |   |      |       |  |      |      |   |      |                                  |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |        |      |     |      |     |   |  |
| 1807  | 50  | 1807  | 50  | Processing fee under 37 CFR 1.17(q)  |   |                 |              |   |   |          |                                  |          |          |   |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |   |      |       |  |      |      |   |      |                                  |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |        |      |     |      |     |   |  |
| 1806  | 180   | 1806  | 180   | Submission of Information Disclosure Stmt                                  |   |                 |              |   |   |          |                                  |          |          |   |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |   |      |       |  |      |      |   |      |                                  |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |        |      |     |      |     |   |  |
| 8021  | 40  | 8021  | 40  | Recording each patent assignment per property (times number of properties) |   |                 |              |   |   |          |                                  |          |          |   |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |   |      |       |  |      |      |   |      |                                  |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |        |      |     |      |     |   |  |
| 1809  | 770   | 2809  | 385   | Filing a submission after final rejection (37 CFR 1.129(a))                |   |                 |              |   |   |          |                                  |          |          |   |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |   |      |       |  |      |      |   |      |                                  |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |        |      |     |      |     |   |  |
| 1810  | 770   | 2810  | 385   | For each additional invention to be examined (37 CFR 1.129(b))             |   |                 |              |   |   |          |                                  |          |          |   |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |   |      |       |  |      |      |   |      |                                  |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |        |      |     |      |     |   |  |
| 1801  | 770   | 2801  | 385   | Request for Continued Examination (RCE)                                    | 770.00  |                 |              |   |   |          |                                  |          |          |   |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |   |      |       |  |      |      |   |      |                                  |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |        |      |     |      |     |   |  |
| 1802  | 900   | 1802  | 900   | Request for expedited examination of a design application                  |   |                 |              |   |   |          |                                  |          |          |   |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |   |      |       |  |      |      |   |      |                                  |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |        |      |     |      |     |   |  |
| <b>FEE CALCULATION</b><br><b>1. BASIC FILING FEE</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1001</td><td>770</td><td>2001</td><td>385</td><td>Utility filing fee</td><td></td></tr> <tr><td>1002</td><td>340</td><td>2002</td><td>170</td><td>Design filing fee</td><td></td></tr> <tr><td>1003</td><td>530</td><td>2003</td><td>265</td><td>Plant filing fee</td><td></td></tr> <tr><td>1004</td><td>770</td><td>2004</td><td>385</td><td>Reissue filing fee</td><td></td></tr> <tr><td>1105</td><td>160</td><td>2005</td><td>80</td><td>Provisional filing fee</td><td></td></tr> </tbody> </table> <p style="text-align: right;"><b>SUBTOTAL (1) (\$)</b> 0</p>   |   | Large Entity  |   | Small Entity   |   | Fee Description | Fee Paid     | Fee Code  | Fee (\$)  | Fee Code | Fee (\$)                         | 1001     | 770      | 2001                                      | 385  | Utility filing fee     |      | 1002 | 340                                 | 2002 | 170  | Design filing fee                 |      | 1003 | 530  | 2003 | 265  | Plant filing fee                      |      | 1004 | 770                       | 2004 | 385  | Reissue filing fee                                |      | 1105  | 160  | 2005 | 80   | Provisional filing fee                                    |      | <b>Other fee (specify)</b> _____ |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |        |      |     |      |     |   |  |
| Large Entity  |   | Small Entity  |   | Fee Description  | Fee Paid  |                 |              |   |   |          |                                  |          |          |   |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |   |      |       |  |      |      |   |      |                                  |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |        |      |     |      |     |   |  |
| Fee Code  | Fee (\$)  | Fee Code  | Fee (\$)  |  |   |                 |              |   |   |          |                                  |          |          |   |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |   |      |       |  |      |      |   |      |                                  |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |        |      |     |      |     |   |  |
| 1001  | 770   | 2001  | 385   | Utility filing fee   |   |                 |              |   |   |          |                                  |          |          |   |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |   |      |       |  |      |      |   |      |                                  |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |        |      |     |      |     |   |  |
| 1002  | 340   | 2002  | 170   | Design filing fee  |   |                 |              |   |   |          |                                  |          |          |   |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |   |      |       |  |      |      |   |      |                                  |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |        |      |     |      |     |   |  |
| 1003  | 530   | 2003  | 265   | Plant filing fee   |   |                 |              |   |   |          |                                  |          |          |   |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |   |      |       |  |      |      |   |      |                                  |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |        |      |     |      |     |   |  |
| 1004  | 770   | 2004  | 385   | Reissue filing fee   |   |                 |              |   |   |          |                                  |          |          |   |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |   |      |       |  |      |      |   |      |                                  |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |        |      |     |      |     |   |  |
| 1105  | 160   | 2005  | 80  | Provisional filing fee   |   |                 |              |   |   |          |                                  |          |          |   |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |   |      |       |  |      |      |   |      |                                  |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |        |      |     |      |     |   |  |
| <b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Extra</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Total Claims _____ - 20** = _____ X _____ = _____</td> <td></td> <td></td> </tr> <tr> <td>Indep. Claims _____ - 3** = _____ X _____ = _____</td> <td></td> <td></td> </tr> <tr> <td>Multiple Dependent _____ = _____</td> <td></td> <td></td> </tr> </tbody> </table>  |   | Extra   | Fee from below  | Fee Paid   | Total Claims _____ - 20** = _____ X _____ = _____ |                 |              | Indep. Claims _____ - 3** = _____ X _____ = _____ |   |          | Multiple Dependent _____ = _____ |          |          | <b>* Reduced by Basic Filing Fee Paid</b> |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |   |      |       |  |      |      |   |      |                                  |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |        |      |     |      |     |   |  |
| Extra   | Fee from below  | Fee Paid  |   |  |   |                 |              |   |   |          |                                  |          |          |   |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |   |      |       |  |      |      |   |      |                                  |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |        |      |     |      |     |   |  |
| Total Claims _____ - 20** = _____ X _____ = _____   |   |   |   |  |   |                 |              |   |   |          |                                  |          |          |   |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |   |      |       |  |      |      |   |      |                                  |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |        |      |     |      |     |   |  |
| Indep. Claims _____ - 3** = _____ X _____ = _____   |   |   |   |  |   |                 |              |   |   |          |                                  |          |          |   |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |   |      |       |  |      |      |   |      |                                  |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |        |      |     |      |     |   |  |
| Multiple Dependent _____ = _____  |   |   |   |  |   |                 |              |   |   |          |                                  |          |          |   |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |   |      |       |  |      |      |   |      |                                  |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |        |      |     |      |     |   |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1202</td><td>18</td><td>2202</td><td>9</td><td>Claims in excess of 20</td><td></td></tr> <tr><td>1201</td><td>86</td><td>2201</td><td>43</td><td>Independent claims in excess of 3</td><td></td></tr> <tr><td>1203</td><td>290</td><td>2203</td><td>145</td><td>Multiple dependent claim, if not paid</td><td></td></tr> <tr><td>1204</td><td>86</td><td>2204</td><td>43</td><td>**Reissue independent claims over original patent</td><td></td></tr> <tr><td>1205</td><td>18</td><td>2205</td><td>9</td><td>**Reissue claims in excess of 20 and over original patent</td><td></td></tr> </tbody> </table> <p style="text-align: right;"><b>SUBTOTAL (2) (\$)</b> 0</p> |   | Large Entity  |   | Small Entity   |   | Fee Description | Fee Paid     | Fee Code  | Fee (\$)  | Fee Code | Fee (\$)                         | 1202     | 18       | 2202                                      | 9    | Claims in excess of 20 |      | 1201 | 86                                  | 2201 | 43   | Independent claims in excess of 3 |      | 1203 | 290  | 2203 | 145  | Multiple dependent claim, if not paid |      | 1204 | 86                        | 2204 | 43   | **Reissue independent claims over original patent |      | 1205  | 18   | 2205 | 9    | **Reissue claims in excess of 20 and over original patent |      | <b>SUBTOTAL (3) (\$)</b> 770.00  |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |        |      |     |      |     |   |  |
| Large Entity  |   | Small Entity  |   | Fee Description  | Fee Paid  |                 |              |   |   |          |                                  |          |          |   |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |   |      |       |  |      |      |   |      |                                  |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |        |      |     |      |     |   |  |
| Fee Code  | Fee (\$)  | Fee Code  | Fee (\$)  |  |   |                 |              |   |   |          |                                  |          |          |   |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |   |      |       |  |      |      |   |      |                                  |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |        |      |     |      |     |   |  |
| 1202  | 18  | 2202  | 9   | Claims in excess of 20   |   |                 |              |   |   |          |                                  |          |          |   |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |   |      |       |  |      |      |   |      |                                  |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |        |      |     |      |     |   |  |
| 1201  | 86  | 2201  | 43  | Independent claims in excess of 3  |   |                 |              |   |   |          |                                  |          |          |   |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |   |      |       |  |      |      |   |      |                                  |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |        |      |     |      |     |   |  |
| 1203  | 290   | 2203  | 145   | Multiple dependent claim, if not paid                                      |   |                 |              |   |   |          |                                  |          |          |   |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |   |      |       |  |      |      |   |      |                                  |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |        |      |     |      |     |   |  |
| 1204  | 86  | 2204  | 43  | **Reissue independent claims over original patent                          |   |                 |              |   |   |          |                                  |          |          |   |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |   |      |       |  |      |      |   |      |                                  |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |        |      |     |      |     |   |  |
| 1205  | 18  | 2205  | 9   | **Reissue claims in excess of 20 and over original patent                  |   |                 |              |   |   |          |                                  |          |          |   |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |   |      |       |  |      |      |   |      |                                  |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |        |      |     |      |     |   |  |
| <b>or number previously paid, if greater; For Reissue, see above</b>  |   | <b>Complete (if applicable)</b>   |   |  |   |                 |              |   |   |          |                                  |          |          |   |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |   |      |       |  |      |      |   |      |                                  |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |        |      |     |      |     |   |  |
| <b>SUBMITTED BY</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Name (Print/Type)</td> <td style="width: 30%;">Teresa U. Medler</td> <td style="width: 20%;">Registration No. (Attorney/Agent)</td> <td style="width: 20%;">44,933</td> <td style="width: 20%;">Telephone</td> <td style="width: 20%;">202-371-2600</td> </tr> <tr> <td>Signature</td> <td colspan="3" style="text-align: center;"></td> <td>Date</td> <td>12.05.03</td> </tr> </table>   |   | Name (Print/Type)   | Teresa U. Medler  | Registration No. (Attorney/Agent)  | 44,933  | Telephone       | 202-371-2600 | Signature   |  |          |                                  | Date     | 12.05.03 |   |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |   |      |       |  |      |      |   |      |                                  |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |        |      |     |      |     |   |  |
| Name (Print/Type)   | Teresa U. Medler  | Registration No. (Attorney/Agent)   | 44,933  | Telephone  | 202-371-2600                                      |                 |              |   |   |          |                                  |          |          |   |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |   |      |       |  |      |      |   |      |                                  |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |        |      |     |      |     |   |  |
| Signature   |  |   |   | Date   | 12.05.03  |                 |              |   |   |          |                                  |          |          |   |      |                        |      |      |                                     |      |      |                                   |      |      |  |      |      |                                       |      |      |                           |      |      |   |      |       |  |      |      |   |      |                                  |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |        |      |     |      |     |   |  |

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